

ILLINOIS WORKERS' COMPENSATION COMMISSION
REQUEST FOR VERIFICATION
OF EMPLOYER'S INSURANCE COVERAGE

By law, employers must provide proper workers' compensation benefits. They either purchase insurance policies or, with Commission approval, they may insure themselves. Under Section 6 of the Workers' Compensation Act, the employer must post a notice in each workplace listing the name and address of the insurance company or organization that administers its workers' compensation program. The notice must also include the number of the insurance policy, its effective date, and the date of termination.

Each Commission office has a computer terminal, maintained by the National Council on Compensation Insurance, that lists employers' insurance carriers. If the employer does not post the information at work, you may find it on the computer. The Commission also has records on self-insurance pools, which will not be found on the NCCI computer.

If you cannot find any insurance information regarding a company, please complete this form and send it to the Insurance Compliance Division, 100 W. Randolph St. #8-200, Chicago, IL 60601 (fax: 312/814-5979) or call toll-free 866/352-3033. We will require the employer to show proof of insurance. We will not give your name to the employer. If appropriate, we will prosecute employers that violate the Act.

Name of employer (please note if the employer is incorporated, if known)

Name of employer's owner, if known

Street address

City, State, Zip code

Injured employee's name, if applicable

Date of accident

Case number

Your name

Phone number

Street address

City, State, Zip code

If there is any other information you wish to share, please list it below.
